

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007156

AMENDED

Registration District No. 200

Primary Registration District No. 3441

Registrar's No. 36

STATE FILE NUMBER

FILED MAR 8 1962

1. PLACE OF DEATH

a. COUNTY

Macon

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Macon

Length of stay in lb

5 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Samaritan Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Macon

c. CITY OR TOWN

Excello

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

R.R. Excello

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Jessie

Middle

Paul

Last

Perkins

4. DATE OF DEATH

Month

Feb.

Day

19

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/8/1879

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Randolph County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Squire Perkins

13b. MOTHER'S MAIDEN NAME

Mary Jane Vansickle

14. NAME OF HUSBAND OR WIFE

Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

17. INFORMANT

Address

Mildred Perkins Excello, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Terminal Hypostatic Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral arteriosclerosis

1 month

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Dehydration, lack of ability to swallow

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1951 to 19 Feb 62 and last saw her alive on 19 Feb 1962

Death occurred at 9.00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald E Eggleston M.D.

22b. ADDRESS

Macon, Missouri

22c. DATE SIGNED

22 Feb 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 22, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Salem Cem.

23d. LOCATION (City, town, or county)

Excello, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lester Hutton

Macon, Mo

25. DATE RECD. BY LOCAL REG.

2/23/62

26. REGISTRAR'S SIGNATURE

Cath McNeely

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MAR 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Malow, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.